

**Documentation for In-Kind Repairs/Replacement  
Within the Historic District  
City of Franklin, Tennessee**

**Project Address:** \_\_\_\_\_  
Underlying Zone: \_\_\_\_\_ Use of Property: \_\_\_\_\_

**Applicant:** \_\_\_\_\_  
(name of contact person; please print)

Address: \_\_\_\_\_ Email: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Property Owner:** \_\_\_\_\_

Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Property Owner's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Project description:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I (We) the undersigned hereby claim the listed repairs/replacements are being done to said property within the boundaries of the Secretary of Interior's Standards for Rehabilitation of being replaced "in kind".**

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>CITY OF FRANKLIN USE:</b>	Application #: _____
Date Received: _____ By: _____	Date of Action: _____
Date Complete: _____	Appr: _____ A/C: _____ D: _____